

MONTHLY COBRA STATUS REPORT

YEAR: _____ MONTH: _____

Completed By: _____ Date Completed: _____

1. Total number of Initial General Notices sent during the month: _____
2. Total number of Election Notices sent during the month: _____
3. Total number of Unavailability of Continuation Coverage Notices sent during the month: _____

Type of Qualifying Event:

Voluntary termination: _____

Involuntary termination: _____

Reduction of hours: _____

Death of employee: _____

Medicare entitlement: _____

Divorce: _____

Legal separation: _____

Termination of domestic partnership: _____

Child ceases to be a dependent: _____

Number of COBRA enrollments at the beginning of the month: _____

Number of COBRA enrollments at the end of the month: _____

Was any COBRA coverage denied due to gross misconduct? **Yes** _____ **No** _____
(If yes, name of employee and brief description)
